



Bicycle Registration Form

Registration Number _____
(Office Use Only)

Date of Registration: _____ / _____ / _____
Month Day Year

Owner (adult only): _____
Last Name First Name Middle Name

Street Address: _____ Apt./Lot No.: _____

City: Sioux Falls State: SD Zip: _____ Phone No.: _____
Include area code

D.O.B.: _____ / _____ / _____ Race: _____ Male Female
Month Day Year

Bicycle Information

Make: _____ Model: _____ Color: _____

Serial No.: _____

Frame/Wheel Size (Inches): _____ Number of Speeds: _____

Other Identifiers: _____

In registering your bike with the Sioux Falls Police Department, you significantly increase the chances of it being returned in the case of theft or loss. Further, it may act as an excellent tool in the event of a lost or missing child unable to give police current contact information.

Please return to the Sioux Falls Police Department when completed.